2-20566 B22A (Official Form 22A) (Chapter, 7) (12/10) According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this In re Aaron James Rierson7117 OCT 18 PM 12: 30 statement): Debtor(s) ☐ The presumption arises M.L. HATCHER, CLK BANKRUPTCY COURT ☑ The presumption does not arise Case Number: (If known) ■ The presumption is temporarily inapplicable. W.D. OF WA AT SEATTLE CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C). Part I. MILITARY AND NON-CONSUMER DEBTORS Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. 1Α Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. 1B **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts. Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries 1C below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard □ I remain on active duty /or/ _____, which is less than 540 days before this I was released from active duty on ____ bankruptcy case was filed; b.

I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

	Ma	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					ected.	
	a.							
	b.							
		penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse						spouse
2	and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy							ankruptcy
	Code." Complete only Column A ("Debtor's Income") for Lines 3-11. C. Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete							nplete
	both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.							
	d.							come") for
-	Lines 3-11.							
			es must reflect average monthly income re				Column A	Column B
	bef	ore t	ndar months prior to filing the bankruptcy on the filing. If the amount of monthly income	case, ending on t varied during the	six r	nonths. vou must	Debtor's Income	Spouse's Income
	divi	de th	ne six-month total by six, and enter the res	ult on the approp	riate	line.		
3	Gro	oss v	vages, salary, tips, bonuses, overtime,	commissions.			\$3,517.88	\$
	-		from the operation of a business, profe			ant Line h from		
4	Line	e a a	nd enter the difference in the appropriate	column(s) of Line	4. If	vou operate more		
7	tha	n one	e business, profession or farm, enter aggre	egate numbers a	nd pr	ovide details on an		
			ent. Do not enter a number less than zero		any	part of the business		
	exp	ens	es entered on Line b as a deduction in	Part V.				
	a.	1_	Gross Receipts		\$ 0	.00		
	b.		Ordinary and necessary business expenses		\$ 0			
	C.		Business income		Sub	tract Line b from Line a	\$0.00	\$
	Re	Rent and other real property income. Subtract Line b from Line a and enter the difference in						
			ropriate column(s) of Line 5. Do not enter					
	any	/ par	t of the operating expenses entered on	Line b as a ded	uctio	on in Part V.		
5	a.		Gross Receipts		\$ 0			
	b.		Ordinary and necessary operating expenses		\$ 0		\$0.00	\$
	C.		Rent and other real property income		Sub	tract Line b from Line a		
6	Int	eres	t, dividends, and royalties.			,	\$0.00	\$
7	Pe	nsio	n and retirement income.				\$0.00	\$
8			ounts paid by another person or entity,				60.00	\$
			es of the debtor or the debtor's depend				\$0.00	١
			rpose. Do not include alimony or separate ouse if Column B is completed. Each regu					
			; if a payment is listed in Column A, do not				L	<u> </u>
	11-		January Company	() ()		-lour (a) af Lina O	T	
			Ioyment compensation. Enter the amounter, if you contend that unemployment com					
			enefit under the Social Security Act, do no					
9	Со	lumr	A or B, but instead state the amount in the	e space below:				
	b	e a b	oloyment compensation claimed to enefit under the Social Security Act	ebtor \$		Spouse \$	l _e	\$
							\$	T
	Inc	ome	from all other sources. Specify source	and amount. If ne	cess	ary, list additional		
1000	SOL	urces	s on a separate page. Do not include alin	nony or separate	ma	intenance payments		
			y your spouse if Column B is comp					
10			y or separate maintenance. Do not inc y Act or payments received as a victim of					
	vic	tim o	f international or domestic terrorism.	a Hai Gille, Gill	.ა იც	paniot namonity, or do d		
						3		

	a. \$ Total and enter on Line 10.	\$0.00	\$			
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$3,517.88	\$			
12	¢ 2 547					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	English Company	The second secon			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.					
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: WAb. Enter debtor's household size:		\$87,904.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	☑ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)					
16	Enter the amount from Line 12.	\$				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. \$					
	Total and enter on Line 17 .					
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$				
Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					

198	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Outof-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						·
	Persons under 65 years of age Persons 65 years of age or older						
	a1.	Allowance per person		a2.	Allowance per person		
	b1.	Number of persons		b2.	Number of persons		
	c1.	Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consist of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					(This information is amily size consists eturn, plus the	\$
208	the IF information family returnation	RS Housing and Utilities Standamation is available at <a "operating="" (these="" 1="" 2="" 22a="" <a="" amount="" amounts="" applicable="" are="" area="" at="" available="" census="" checked="" costs"="" enter="" for="" from="" href="https://www.usdoj.gov/ust/" if="" in="" irs="" line="" local="" metropolitan="" more,="" number="" of="" on="" or="" public="" region.="" standards:="" statistical="" the="" transportation="" transportation"="" transportation.="" vehicles="" you="">www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$
							1

	Local S	Standards: transportation ownership/lease expense;	Vehicle 1. Check the numb	per of vehicles for			
	which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)						
	1 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs \$						
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.						
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from						
		and enter the result in Line 24. Do not enter an amoun					
	a. b.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$ \$				
	C.	2, as stated in Line 42 Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$		
					Ψ		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.						
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.						
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.						
29	child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for						
		no public education providing similar services is available Necessary Expenses: childcare. Enter the total average		actually expend on			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.						
	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend						
31	on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.						
	Other	Necessary Expenses: telecommunication services.	Enter the total average montl	nly amount that			
32	you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent						
	neces deduc	sary for your health and welfare or that of your depender	nts. Do not include any amo	ount previously	\$		
33		Expenses Allowed under IRS Standards. Enter the total	of Lines 19 through 32.		\$		
		Subpart B: Additional Living					

,		Note:	Do not include any expens	e s t hat you have liste	d in Lines 19	9-32	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly						
	expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
	a.	Health Insurance		1\$		1	
34	b.	Disability Insurance	:e	\$			
	C.	Health Savings Ac		\$			
				,			
	Total o	and onto an Line Od					\$
	Total and enter on Line 34						
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:						
	\$	· · · · · · · · · · · · · · · · · · ·					
	Contin			.	th.a.tatal.a.		
			to the care of household or will continue to pay for the re				
35	elderly	, chronically ill, or dis	sabled member of your house	shold or member of you	r immediate	family who is	\$
		to pay for such expe		•		·	
	Protec	tion against family	violence. Enter the total ave	rage reasonably neces	sary monthly	expenses that	
36	you ac	tually incurred to ma	intain the safety of your famil	y under the Family Viol	ence Preven	tion and	\$
	by the		cable federal law. The nature	of these expenses is re	equirea to be	kept confidential	
			the total average monthly ar	nount in excess of the	allowance sr	pecified by IRS	
A			g and Utilities, that you actua				
37	provid	le your case trustee	with documentation of you	ır actual expenses, aı			Э
	that th	ne additional amoun	it claimed is reasonable an	d necessary.			
	Education expenses for dependent children less than 18. Enter the total average monthly expenses that						
	you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or						
38	secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is						\$
	reasonable and necessary and not already accounted for in the IRS Standards.						Φ
	Additional food and clothing expense. Enter the total average monthly amount by which your food and						
	clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at						
39			exceed 5% of those combine the clerk of the bankruptcy of				
			nable and necessary.	out., rou must dome			\$
40			ntributions. Enter the amount itable organization as defined in			the form of cash or	
	IIIIaiici	ai instruments to a char	nable organization as defined in	20 0.3.0. 9 170(0)(1)-(2).			[\$
41	Total	Additional Expense	Deductions under § 707(b)	. Enter the total of Line	s 34 through	40.	\$
			Subpart C. Daduc	tions for Debt Payme	ant	2 2	150 FE
	100		Sunpai C. Octuo	done to boder dyin			
	Futur	e payments on secu	red claims. For each of you	r debts that is secured	by an interes	t in property that	
	you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly						
	Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the						
	filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter						
42	the to	tal of the Average Mo	onthly Payments on Line 42.				
		Name of	Property Securing the Debt	Average	Does	payment	
		Creditor	sporty socialing the best	Monthly		ide taxes	
				Payment \$		surance?	
	a.	<u>.</u>		Ψ			
					Total: Add L	ines a, b and c	\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
		Name of Creditor Property Securin	ng the Debt	1/60th of the Cure Amount	6	
				Total: Add Lines a, b and c	\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					
	follow expen	Chapter 13, complete the r the resulting administrative				
	a.	Projected average monthly Chapter 13 plan payment.	\$			
45	h Current multiplier for your district as determined under schedules					
	C.	Average monthly administrative expense of Chapter 13 of		otal: Multiply Lines a and b	\$	
46	Total	Deductions for Debt Payment. Enter the total of Lines 4	2 through 45.		\$	
		Subpart D; Total Deduc	tions from Inc	ome	de Post	
47	Total	of all deductions allowed under § 707(b)(2). Enter the	ne total of Lines 3	3, 41, and 46.	\$	

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$			
	Initial presumption determination. Check the applicable box and proceed as directed.				
	☐ The amount on Line 51 is less than \$7,025* Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
52	☐ The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
22.5	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Part VII. ADDITIONAL EXPENSE C	LAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise start and welfare of you and your family and that you contend should be an additional income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a saverage monthly expense for each item. Total the expenses.	onal deduction from your current monthly				
	Expense Description	Monthly Amount				
	Total: Add Lines a, b, and c	\$				
in Grant Const.	Part VIII: VERIFICATION					
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) Date: 10-/1-12 Signature: Aaron James Rierson, (Debtor)					